

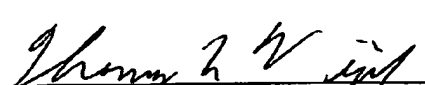


<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>			Docket No. 8342-85811		
Applicant(s): Kevin L. Pars ns et al.					
Serial No. 10/066,554	Filing Date 01/31/2002	Examiner John A. Ward	Group Art Unit 2743		
Invention: Miniatur Flashlight Having Replaceable Battery Pack			<b>RECEIVED</b> MAR 02 2004 Technology Center 2600		
 <b>TO THE COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	58	53 =	5 x	\$9.00	\$45.00
INDEP. CLAIMS	15	3 =	12 x	\$43.00	\$516.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$561.00</b>
<input type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input checked="" type="checkbox"/> A check in the amount of \$561.00 to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 23-0920					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: _____		
Thomas R. Vigil, Reg. No. 24,542 Welsh & Katz, Ltd. 120 S. Riverside Plaza, 22nd Floor Chicago, Illinois 60606-3912 Tel: 312-655-1500 Fax: 312-655-1501			<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.     Signature of Person Mailing Correspondence   Thomas R. Vigil  Typed or Printed Name of Person Mailing Correspondence </div>		
CC: _____					

06/17/2004

01 FEB 2004

P11SMALL/REV06

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2001

Application or Docket Number

10066554

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

TOTAL CLAIMS	33	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	33 minus 20 = *	13
INDEPENDENT CLAIMS	2 minus 3 = *	8
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**SMALL ENTITY TYPE** ☐

**OR OTHER THAN SMALL ENTITY**

RATE	FEE
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	740.00
X\$18=	
X84=	
+280=	
TOTAL	

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

<b>AMENDMENT A</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 53	Minus	** 33	= 20
	Independent	* 3	Minus	*** 3	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

**SMALL ENTITY** ☐

**OR OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE
X\$ 9=	180
X42=	
+140=	
TOTAL ADDIT. FEE	180

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

<b>AMENDMENT B</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 58	Minus	** 51	= 7
	Independent	* 15	Minus	*** 3	= 12
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE
X\$ 9=	63
X42=	516
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	<del>63</del>
X84=	<del>516</del>
+280=	
TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

<b>AMENDMENT C</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 57	Minus	** 58	=
	Independent	* 15	Minus	*** 15	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.